

Board of Chiropractic Examiners

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Address Change Request

Complete all sections of this form and submit it to the Board at the above address. Separate mailing addresses and/or post office boxes will not be accepted unless you are not practicing or the post office does not deliver mail to your practice address. If your local post office does not provide delivery, you must provide the Board with verification in writing of this fact from the post office. The Board will not accept facsimiles or telephone requests for address changes. If you are requesting a replacement license, please send a \$25.00 processing fee and return your old licenses with this form to the Board.

Please print or type

License number: DC -

Name:	Last	First	Middle
Previous Practice Address:			
	City	State	Zip Code
New Practice Address:			
	City	State	Zip Code
Work telephone number: ()			
Effective date for new address:			

Replacement License (see instructions above)

Please check the appropriate box if you are requesting a replacement license:

☐

Yes, provide me with a new replacement license.
The \$25.00 fee is enclosed.

☐

No, do not provide me with a replacement
license.

AFFIDAVIT

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete to the best of my knowledge.

Signature of Licensee_____
Date